



02-02-06

RESPOND UNDER 37 C.F.R. §1.116
EXPEDITED PROCEDURE
GROUP ART UNIT 1631

zw
AF

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Stavrianopoulos, *et al.*

Serial No.: 08/486,070

Filed: June 7, 1995

For: NUCLEIC ACIDS FIXED OR IMMOBILIZED
TO NON-POROUS SOLID SUPPORT, AND
SYSTEM, ARRAY AND NON-POROUS GLASS
OR PLASTIC SOLID SUPPORT COMPRISING
SUCH FIXED OR IMMOBILIZED NUCLEIC ACIDS

Group Art Unit: 1631

Primary Examiner: John S. Brusca

527 Madison Avenue, 9th Floor
New York, NY 10022-4304
January 31, 2006

FILED VIA EXPRESS MAIL

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Mail Stop -- Non-Fee Amendment
Commissioner for Patents
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COMMUNICATION

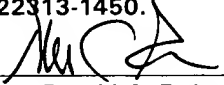
**(TO TRANSMIT MISSING JUNE 28, 2002 SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37 C.F.R. §§1.56 & 1.97-1.98)**

Dear Sirs:

This paper is being filed to supply a missing document in connection with the above-identified application. It also follows a telephone conversation with the Examiner during which the subject of Applicants' June 28, 2002 Supplemental Information Disclosure Statement Under 37 C.F.R. §§1.56 & 1.97-1.98 was discussed.¹ Apparently, their June 28, 2002 Supplemental IDS was not entered into the file for this application despite evidence of its filing.

¹ Also discussed was Applicants' July 30, 2002 Second Supplemental Information Disclosure Statement Under 37 C.F.R. §§1.56 & 1.97-1.98. That paper was also apparently not entered into this application, and is, therefore, being submitted to the U.S. Patent and Trademark Office in a separate filing.

Enz-7(P)(C3)

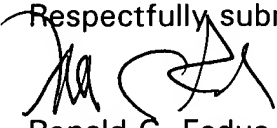
EXPRESS MAIL CERTIFICATE	
"Express Mail" Label No.	<u>EV655205654US</u>
Deposit Date	<u>January 31, 2006</u>
I hereby certify that this paper and the attachments herein are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Mail Stop -- Non-Fee Amendment, P. O. Box 1450, Alexandria, VA 22313-1450.	
 Ronald C. Fedus Reg. No. 32,567	<u>JAN 31 2006</u> Date

A complete copy of Applicants' June 28, 2002 Supplemental IDS is attached to this Communication as Exhibit A. The complete copy includes copies of the white return postcard evidencing receipt by the U.S. Patent and Trademark Office on June 28, 2002. Also included are the transmittal form, the Supplemental IDS itself and the fifteen (15) submitted documents (Exhibits 1-15), as well as completed Forms PTO-1449 (Exhibit 16).

It is respectfully requested that the attached Supplemental IDS and the submitted fifteen documents be entered into the record and considered prior to allowance of this application.

The sole purpose of this Communication is to supply a paper and documents which were previously filed and apparently not entered into this application. Accordingly, no fee or extension request is believed due in connection with this filing. In the event that any fee is due, however, The Patent and Trademark Office is hereby authorized to charge the amount of any such fee to Deposit Account No. 05-1135, or to credit any overpayment thereto.

If a telephone conversation is needed to clarify this matter further, Applicants' undersigned attorney requests that he be contacted at the number provided below.

Respectfully submitted,

Ronald C. Fedus
Registration No. 32,567
Attorney for Applicants

ENZO LIFE SCIENCES, INC.
c/o ENZO BIOCHEM, INC.
527 Madison Avenue, 9th Floor
New York, NY 10022-4304
Telephone: (212) 583-0100
Facsimile: (212) 583-0150

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APPLICANT: STAVRIANOPOULOS ET AL.	<input checked="" type="checkbox"/> Express Mail Label No. EL831284162US
TITLE: ARRAYS AND SYSTEMS COMPRISING ARRAYS FOR GENETIC ANALYSES AND OTHER APPLICATIONS	<input type="checkbox"/> First Class Mailing Date DATE MAILED: JUNE 28, 2002
ENCLOSED ARE: <input type="checkbox"/> Application <input type="checkbox"/> Declaration <input type="checkbox"/> Drawings <input type="checkbox"/> Assignment <input type="checkbox"/> Response to OA <input type="checkbox"/> Amendment <input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Other (see below)	
<input checked="" type="checkbox"/> SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §§1.56 & 1.97-1	98 Serial No. 08/486,070 Docket No. ENZ-7(P) (C3)

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<input checked="" type="checkbox"/> SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §§1.56 & 1.97-1	98 Serial No. 08/486,070 Docket No. ENZ-7(P) (C3)



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C. Signature

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☐ Agent☐ AddresseeD. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail☒ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

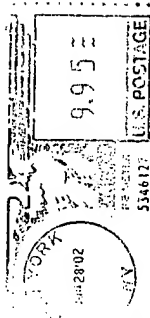
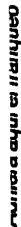
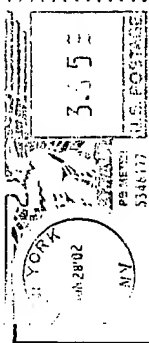
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PO ZIP Code		Day of Delivery		First		Second		Flat Rate Envelope	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data In		Mon		Day		Year		Postage	
								\$	
Time in		11 Noon		<input type="checkbox"/>		3 PM		Return Receipt Fee	
Weight		AM		<input type="checkbox"/>		PM		Insurance Fee	
INS.		025		No Delivery		Acceptance Clerk Initials		Total Postage & Fees	
								\$	
CUSTOMER USE ONLY		No Delivery		Insured		Signature			
METHOD OF PAYMENT:		Express Mail Corporate Acct. No.							

DELIVERY (POSTAL USE ONLY)			
Delivery Attempt		Time	Employee Signature
Md.	Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt		Time	Employee Signature
Md.	Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date		Time	Employee Signature
Md.	Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
<p><input type="checkbox"/> UNPAID RETURN TO THE SENDER Note: Additional merchandise insurance is void if seller or addressee is uncooperative. Employee must sign (and attach to invoice) return address of addressee's agent (if delivery employee judges that risk can be left to secure location) and authorize that delivery employee's signature constitutes valid proof of delivery.</p> <p>_____ Signature of Seller</p>			
NO DELIVERY		Forward	Holding

FROM: THE JAIL SERVICE

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PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date in Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
Time in <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		
Customer Signature		

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Date in Mo. Day Year 628 02	<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$22.05
Time in 2031 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee 1.50
Weight lbs. ozs. 8	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials Rm	Total Postage & Fees \$23.55

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
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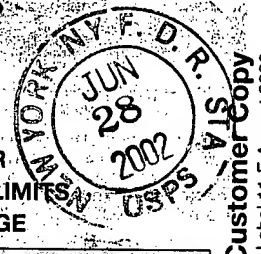
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